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COVER LETTER

	egistration Sec vision of Corp					
SUBJECT	. White Ho	use Alligator Farm LL0				
SOBJECT		Name of Lim	ited Liability Company			
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retui	m all correspon	dence concerning this matter	to the following:			
		Joseph B. Ryan III,	Esq.			
			Name of Person			
			Firm/Company			
		8925 SW 148th Stre	et, Suite 200			
		 	Address			
		Palmetto Bay, Florida 33176				
		jbryanlaw@gmail.coi				
Ean familian	information ac		to be used for future annual report notification	ation)		
		ncerning this matter, please c				
Joseph	B. Ryan III 		305 444-4949 at ()			
	Name of	Person	Area Code Daytime T	'elephone Number		
Enclosed is	a check for the	e following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White House Alligator Farm LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/11/2013 and assigned Florida document number L13000006125 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member'being added or removed from our records</u>:

MGR = ' Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Domenico Caporicci	780 NE 69th St., Apt. 1810	Add
		Miami, Florida 33138	■ Remove
MGR	Francesco Caporicci		Add
			Add
			□ Remove
			□ Add
			☐ Remove
			Remove
			Add .
			Remove
			——
			Add
			Remove

D. If	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	•	_			
		_			
		<u>_</u>			
		_			
	ective date, if other than the date of filing:(optional)				
	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)				
Da	November 11 2014				
De					
	/formule laponel	•			
	Signature of a member or authorized pepresentative of a member	-			
	Domenico Caporicci				
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00

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